

**OREGON TRAIL SCHOOL DISTRICT
MIDDLE SCHOOL ATHLETIC/ACTIVITY FEE
FINANCIAL NEED APPLICATION**

Financial assistance may only be requested for students who are **currently** participating in an activity/athletic program. Forms may be submitted each season and **must** be received by the school office **no later than 2 weeks after the first practice or meeting.**

Date _____

Student's Name _____

Male Female

Activity/Sport _____

Year: 6 7 8

Phone Number _____

Email _____

Participation Fee Scholarship Request (50% maximum)

Scholarship requests will be accepted for school-sponsored athletics and activities.

____ I would like to request a scholarship for the above named Activity/Sport.

Parent statement on reason(s) for making request: _____

Parent's Signature

Date

Administrator

Date

Send completed application form to the school office.

*The school will contact you to confirm your acceptance/denial of this application.

Office Use	
____ Approved	Amount _____
____ Denied	Balance Due _____
Initials _____	